

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

November 15, 1957

Volume 34 • Number 10

NOW HEAR THIS!

Orville C. Larsen, Assistant Editor

It was my pleasure, recently, to receive some first-hand information on the Ladies' Entertainment Committee and the part it plays in the Midwinter Meeting, from its present chairman, Mrs. Howard J. Harvey. "Never underestimate the power of a woman," we men are told, and that certainly holds true for this committee of hard-working women, as well. Give the ladies a good time at the Meeting and they'll be back the next year bringing their husbands along with them! This committee goes all out to show the ladies a good time and to make the Meeting as interesting as possible for them. In the words of Mrs. Harvey, the thought of filling the Grand Ballroom of the Conrad Hilton Hotel on February 4th, 1958, at 12 o'clock noon, with eight or nine hundred visiting ladies attending the Midwinter Meeting of the Chicago Dental Society, seems like quite a task, and it is. You want to give these women something really worthwhile, both to satisfy their hunger pangs and to whet their appetites for beautiful clothes, whether their husbands like it or not! The thought of colored lights, lovely models, and beautiful clothes, plus a delicious luncheon, spurs the members of the committee on to even greater heights each year, and to a very rewarding Luncheon Day. To hear the "Ohs" and "Ahs" as the models pass down the long runway is very encouraging indeed, and knowing the satisfaction and the

contentment of the guests at having a luncheon so graciously served by white-coated waiters—what more could one want!

There are many problems involved in making all the above-mentioned goals come true. It takes organization and a group of willing, hard workers. Any event of this size involves a lot of time and energy, gladly given by the members of the Committee who are asked to carry it through, plus the advantage of past experience to make it highly successful. The Ladies' Entertainment Committee, by its very title, shows that the ladies attending the Midwinter Meeting are not overlooked. Every effort is made to make the Luncheon and Fashion Show as inviting as possible, as well as the remainder of their stay with us in Chicago.

The Luncheon and Fashion Show is the main task of the Committee during the Meeting. This affair is planned, as are all the other facets of a well-run meeting. Immediately after the closing of the previous year's Meeting, the new committee members are invited by the past Vice-Chairman to help her in her capacity as new Chairman for the next year. Then the wheels really start rolling toward a new year and an even better show. The first item to be settled is whether or not Marshall Field & Co. will be able to present their show for the next year. Each year this has to be arranged, because of

(Continued on page 24)

NORTH SUBURBAN—GREAT LAKES CLINIC DAY

PLACE—GREAT LAKES NAVAL TRAINING STATION

DAY—December 3rd, 1957

TIME—2 P.M.

ESSAYIST—DR. S. CHARLES BRECKER, NEW YORK

SUBJECT—"COMPLETE DENTAL SERVICE"

PROGRAM—2:00 to 5:00—Presentation by Dr. Brecker

5:00 to 7:00—Cocktails

7:00 to 8:00—Dinner

8:00 to 9:00—Entertainment

9:00 to ? —Questions and Answers—Dr. Brecker

COST—\$6.00

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Because of Navy Regulations, attendance must be on an invitation basis. Reservations are essential. Call ORchord 6-1177 or write to Edward J. Sullivan, Old Orchard Professional Building, Skokie, Illinois.

EDITORIAL

Thanksgiving

A little more than a month ago the Hebrew people celebrated the Feast of Succoth, a Hebrew institution in which they give thanks to God for the bountiful harvest and the many blessings of the past year. On November 28th, we will celebrate Thanksgiving Day to commemorate that first feast of Thanksgiving of the Pilgrims who, too, were thanking God for their bountiful harvest, the privilege of worshipping in freedom, and for the many blessings which had come to them. This mind you, in spite of a devastating winter in a cold, bleak and unfriendly country which saw their ranks decimated. Today we as Americans are prone to take for granted these hard-won freedoms and privileges for which our forefathers bled and died. We complain, criticism is rampant and we certainly do little to express our grateful thanks for being Americans and members of a great profession, and for our professional organization.

Mr. Herbert Hoover, in an address on the occasion of his 81st birthday, pointed out how critical we have become of our government, our way of life and, many times, the things we should cherish most. Critical appraisal is essential to progress but grateful appreciation of our many blessings and privileges is equally important. A few lines quoted from his speech should prove most helpful.

"We should lift up our eyes unto the hills from whence cometh our help. We should occasionally mention something good about ourselves.

"We could point out:

Our American way of life has perfected the greatest productivity of any nation on earth.

Our standard of living is the highest in the world.

Our physical health is constantly improving and span of life lengthening.

The mechanical genius of America has, by millions of labor-saving machines, taken the sweat from the backs of most of our people.

Our supposedly decadent people still rely upon the ballot and the legislative hall to settle their differences without a secret police with slave camps.

With only 6 per cent of the world's population we have more youth in our institutions of higher learning than all of the rest of the world together.

We have more hospitals and charitable institutions than all the rest of the world together.

We alone, of all nations, fought two world wars and asked no indemnities, no territory, no domination over other nations.

Our advancement of the spirit of compassion has been notable.

We have made gifts of billions of dollars to save millions from starving and famine, and governments from collapse.

All this is no boasting, but just fact. And we could say a good deal more. What does all this mean? It means that freedom of mind, of spirit, and initiative still live in America."

What Mr. Hoover has said is equally applicable to our profession. We as a profession are free to render a health service to our patients, after proper

qualification, without supervision or inspection, we are free to choose the place where we shall practice, to limit the type of service, to set our hours of work, to choose for whom we will work, to use our best judgment on what type of service we shall render, to set the fee for that service, to advance in the knowledge of our profession by study through free access to schools, through dental society programs and dental literature, so long as we abide by the statutes of the state in which we work. We have the finest dental schools, most advanced teachers, finest dental societies, finest curriculum and finest equipment to render the world's best dental service. Our power to earn a comfortable living is limited only by our ability, diligence and devotion to our profession. Lastly, there is the warm feeling which comes from having rendered a health service which will help make Americans the healthiest people in the world.

Remember, when you are wont to ask, "What is the Society or dentistry doing for me?", to stop to say "Thank you" for what is given you in the way of freedom to do that which is best for the health of the patient, for the opportunity to exercise the utmost in skill and ingenuity, to cope with the ever-changing problems that each day brings, and for the limitless opportunity for research in doing the fine things you are doing a little better so that, through the sum total efforts of all of us, we may some day conquer man's most prevalent disease.

These are but a few of the many things for which we, the members of American dentistry, can be thankful.

May we suggest that a wonderful way to express your "Thank you" is to contribute generously to the American Dental Association Relief Fund. It is one concrete way of helping those whom misfortune has overtaken.—E.E.

OCTOBER MONTHLY MEETING

The Society's kickoff meeting was held on Tuesday, October 15th, in Parlor B of the Williford Room at the Conrad Hilton Hotel. President Walt Dundon presided. A good crowd of Society members and friends were on hand to get the new year under way. You are missing some very interesting and informative programs if you do not come out to these meetings, for the programs are planned to bring you the very best speakers on their respective subjects.

Walter E. Kelly, Program Chairman, made a brief but important announcement on the November meeting and then introduced Graham O. Davies, one of his committee members who, incidentally, has now joined the ranks of the benedicts and we hereby congratulate him most heartily! He was instrumental in securing the services of the speaker for the evening, Dr. Henry B. Clark, Jr., of Minneapolis, Minnesota. Dr. Clark received his M.D. and D.D.S. degrees from the University

of Minnesota and is now head of the Hospital of Dental Service of the U. of Minnesota Hospitals, and Professor and Chairman of the Division of Oral Surgery at the Minnesota University Dental School. He is a member of the American Society of Oral Surgery and a Diplomate of the American Board of Oral Surgery. Dr. Clark's essay was a graphically illustrated study of the practical aspects of the surgical procedures that confront the man in general practice. A ten-minute colored movie followed, showing the complete reduction of a fracture of the mandible. This was an excellent program.

Another program you will not want to miss will be presented at the November meeting on the 19th. The speaker will be A. H. Grunewald of Northwestern University Dental School. His topic will be Full Dentures, and illustrative table clinics will augment the lecture. Hope to see all of you there.—Orville C. Larsen, Assistant Editor.

Thumb-sucking and Its Control

William S. Brandhorst, D.D.S., M.S., S.B., Ladue, Missouri

[William S. Brandhorst, S.B., Harvard 1939; D.D.S., Washington University School of Dentistry 1943; M.S. (Orthodontics), University of Michigan 1948; F.A.C.D., 1955, is Associate Professor of Orthodontics, Washington University School of Dentistry in St. Louis.

Dr. Brandhorst was Chairman of the Television Committee of the American Dental Association in 1952 and was Chairman of its Orthodontic Section for the 1956 Meeting. He was Chairman of the Board of Trustees for the Denver Summer Meeting in 1954.]

What should be done about the child who is sucking his finger or thumb? Or the worried mother? While the answers to these questions are incomplete, this paper outlines one approach to them.



Dr. Brandhorst

Thumb-sucking is of real concern to parents. It poses many problems to which the usual magazines, books and neighborhood discussions bring little real enlightenment. When the question is asked, "Does thumb-sucking cause malocclusions?" someone is sure to point out that they know a child with a thumb-sucker's open-bite who never sticks a finger into his mouth. Or in answer to the question, "When should thumb-sucking be stopped?" the harried parent may have one person say it should be stopped immediately, and another say the child should be left alone to grow out of it, for thumb-sucking may be important to the child and if interfered with, dire results may ensue. This latter group emphasizes the psychological aspects of the thumb-sucking and usually infers that the actions of the parents may be the cause.

Actually, taken as a whole, the literature is not much less confused. This be-

comes understandable when it is realized that thumb-sucking involves the crossing of two disciplines, dentistry and psychology; both of which are really quite young.

As the literature is sifted however, some aspects of the problem become clearer. One of the most basic questions was whether thumb-sucking actually causes malocclusions. Crosssectional studies using statistics to compare thumb-sucking mouths could well establish association. Serial studies would be better however, as the changes occurring after the habit has been stopped could be studied in addition. Lewis,^{*1,2} (1930, 1931), using the serial casts at the Merrill Palmer Institute in Detroit, found thumb-sucking definitely caused deformation of the dental arches and that self correction usually occurred if the habit was broken by five years of age. Swinehart,^{*4,5} (1938), noted the large amount of malocclusion associated with thumb-sucking.

Ruttle, Quigley, Crouch,^{*3} (1953), and Ewan using the serial cast study in the University Elementary and High Schools at the University of Michigan, found varying degrees of open-bite back to the canines. They found spacing between the upper anteriors along with labioversion of these teeth, some narrowing of both upper and lower intercanine distances, but no significantly larger amount of distoclusion was found in the habit cases although there was a suggestion of it.

They found some open-bites with no known habit association, and some thumb-suckers with no open-bite. This is

*Presented at the Midwinter Meeting of the Chicago Dental Society, February, 1957.

what the critic found who did not think thumb-sucking caused malocclusions. It would appear from these papers that the cause and effect relationship between thumb-sucking and the distortion of the anterior part of the dental arches is well established.

The question of the age at which the malocclusion becomes important is the next issue. There are several areas of interest here. Mostly the dental interest centers around the appearance of open-bite and protrusive teeth, and, as the upper anterior teeth become more protrusive there appears to be some greater chance of injury. If the upper anterior teeth remain in labioversion and largely non-functional, there could be later in life some periodontal destruction, too. How long can the thumb-sucking continue without permanent damage?

There is a more significant point, however. If the thumb-sucking is stopped, is there self-correction? Opinion indicates there is not a great amount of damage to the position of the permanent teeth if the habit is stopped before or shortly after they appear,^{*1,5} at four to seven years of age. Some cases show extreme deformation at pre-school ages, and many parents bring their three to five year old to the dentist for consultation on thumb-sucking. Is it wise to try to break the habit in the pre-school child? Before facing this question, let us discuss the etiology of thumb-sucking.

Psychiatrists tell us that there is far more to thumb-sucking than just placing an appliance in the mouth to stop it. The psychological aspects of thumb-sucking has apparently a multiple overlay. Starr^{*8}, a psychiatrist, states the infant appears completely absorbed in the process of nursing at the mother's breast giving the infant "maximum security and freedom from anxiety." The thumb-sucking child shows a similar tranquility. Starr points out the child finds this activity dispels anxiety, the habit taking place when the child is disturbed. Since the mother is all important to the child at this age the disturbances may be referred to the mother-child relationship.

As the child grows older the thumb-sucking, if present, changes in its meaning to the child. Starr divides these changes into three periods. The first, covering ages one and two, is a period where thumb-sucking can be considered nearly normal. During the second period, covering ages two to four, thumb-sucking is no longer normal and it reflects some deeper psychological problem. If the sucking persists into the third period, from four years on, it is a symptom of major significance.

Starr says treating with an orthodontic appliance attacks the habit frontally and that the psychological approach goes deeper to the source of the trouble. He also points out after four years of age, thumb-sucking may continue after the cause for it psychologically has diminished or disappeared.

All of this has to do with the child and his problem. In the picture in a big way is the attitude of the parents and those that advise them.

Although in the United States there is an abundance of popular literature on the thumb-sucking problem, as with orthodontics, the discipline of psychology has become a science and art within the last two generations, and the lay public does not have a comprehensive understanding of it. Certainly it is not possible for the lay public to evaluate reports reaching it through the popular literature that suggested in the 1920's a connection between imbecilism and thumb-sucking. Visualize the poor mother with this idea in mind wheeling her thumb-sucking baby down the street. While this report came from decades ago, the present attitude on the part of many physicians and psychiatrists that thumb-sucking is simply and always a manifestation of a deeper emotional mix-up in the child is no more comforting to the modern day mother. Small wonder that thumb-sucking bothers parents to the extent that they try every home remedy they know. It is only then that the distracted parents present the child to the dentist or pediatrician. Many children, meanwhile, have found a means of controlling the parents,

or at least a means of gaining attention.

Recently a father asked about stopping his child's thumb-sucking. Upon questioning, it developed that his physician had informed him that if the habit were broken, other more obnoxious habits might develop. This idea coming from physicians has been common for at least a decade and probably longer as it appears to stem from the general concept of Freud that the alimentary canal is basically important to the psychological function of the individual. Fingernail biting or the chewing of foreign objects might be started instead. A similar reference is made to a sex tie-in, suggesting that masturbation might take place instead. A further suggestion is that anxiety may arise in the child leading to nervous disorders. Since it has now been well established that thumb-sucking is able to move teeth, it would appear that any transferred habit involving the hands and the mouth is to be preferred to disfiguring thumb-sucking. Furthermore that masturbation would begin at the exact time as a result of the stopping of the thumb-sucking habit is hard to believe and certainly it would be very hard to prove that it had not been present previously. Finally, the literature does not contain sufficient evidence to support the contention that there is an important habit transferral problem involved in the stopping of thumb-sucking.

Anxiety build up in the child is another matter. The loss of the tranquilizing effect to the thumb-sucking may indeed be important. But what about the kidding he receives from his peers? Is not the effect of this more important? Suppose the child does not suck his thumb among his peers, but, as often happens, at home, and only when he is not aware that others are about. Can not the accompanying feeling of guilt give rise to a long term feeling of anxiety as destructive or more so than that which accompany the habit? The answers to these questions have been weighed by the practicing physician in the past without regard to the distortion in tooth position that thumb-sucking causes. It is hard to see how any physician

would knowingly counsel his patient in such a way as to cause his upper teeth to protrude over his lower lip. There appear to be few better ways to give a patient a lack of assurance in his concept of self.

The physician's attitude is understandable when it is realized that much of his thinking was based on the work of Levy in the 1930's.

Levy^{*6}, and more recently, Lawes^{*7}, indicated that the amount of time spent sucking correlated with the perverted sucking activity of calves. The calf that has to work hard for his milk tends to be satisfied, less irritable, and does not suck on other things. Observations were also made on children^{*8}, and the implication was that children respond in the same way by sucking thumbs or fingers.

Much of the rest of the information brought to bear on the subject comes from the understanding of general genetic psychological development and probably contains a great deal of teleological thinking which nevertheless could be correct. The evidence appears strong, that the oral area is the baby's first and best means of communication with the world.

If the question "should the preschool child be treated with dental means for thumb-sucking?" be again presented, an answer takes shape. Two ideas, one dental and one psychological, cross here. Since early thumb-sucking is undoubtedly important to the child, why not let it persist—provided it does not do a large amount of damage. The dentist then should be definitely concerned with the extreme cases. Starr^{*9}, suggests both orthodontic appliances and psychiatric care from two years on with pacifiers alone the first two years, the pacifier may be easily removed later. He feels the child needs psychiatric support, and the family too, during the period the appliance is in place. The dentist's concern changes as the child begins to erupt his permanent teeth, for now the resulting distortion carries a stronger, more serious implication. A large portion of the child's facial growth has now been accomplished, with the possibility that there is no longer the same potential for self-correction.

In going to school for the first time, the child abruptly expands his horizons. This is especially true of the kindergarten and first grade years. Mothers are usually closely associated with the nursery schools, which also are more highly supervised. The child seeks signs of his acceptance among his peers. The thumb-sucker may find that he is the brunt of kidding. Sometimes even at this age, the position of his teeth may cause him to be called "buck teeth."

Now the dentist is just as much interested in giving security to the young individual through his concept of self on the appearance of teeth as he is in giving the older person dentures, or the young adult a replacement for an anterior tooth. That it does not involve a prosthetic appliance should make no difference.

The question "should the preschool child be treated with dental means for thumb-sucking?" is answered, yes, for the extreme cases.

As the child grows older the habit becomes more unusual and his acceptance by his peers more difficult. The normal careful introspection that occurs around puberty to the individual's concept of self does not easily tolerate the thumb-sucking and feelings of guilt increase. Thumb-sucking is rare in the postpubertal period^{*1,2,4,5}, although we have record of its presence in a thirty-one year old married man.

Hence the clearance of the habit from the point of view of tooth position and the concept of self becomes increasingly important as puberty approaches and an all out effort should be made to stop it.

Somewhat aside from the psychological problem are two other factors. First, it is not reasonable to suppose that the child's desire for thumb-sucking is entirely dependent upon his psychological urge. It is difficult to explain the variations in the thumb-sucking desire without there being an inherent difference unaffected by environmental circumstances. Some children suck their thumbs within moments after birth. Personality differences themselves would suggest stronger oral expression in some than in others. Second, ma-

turation of the individual plays a strong part. It has already been shown that as the child matures the desire for thumb-sucking decreases. But what is not so apparent because of the overlay of the psychological aspect is that the child normally does not mature in all parts at the same rate. This may modify Starr's normative age of two years to where some thumb-sucking may be normal to some individuals who are older.

Now if the symptoms of thumb-sucking is coming from a weak cause then the interference of a dental appliance should stop it. If the causative factors are still strong then the use of the appliance should result in failure to correct.

If the appliance fails, the psychiatrists, through tests, by consultation, and by therapy, can determine the presence of and cause the alleviation of the etiological causative factors. He does not always stop the thumb-sucking, but may produce a much happier child, who will easily part with the habit if given sufficient reminder.

This, then, is the ground work for a practical clinical approach. When the child is first seen, the connection between the malocclusion present and the thumb-sucking or finger-sucking is discussed with the parents and the child. It is always interesting to the parent, and frequently impressive to the child if the dentist can "guess" which hand is involved and then locate the callous on the finger or thumb. The examination of the digits may also disclose some deformity in them. It seems wise to demonstrate to the child how his thumb fits his malocclusion. It is usually possible by this time to sense the desire of the child to be rid of the habit for it is necessary for a desire to exist on the child's part in order for the orthodontic appliance to be effective as a reminder.

The next step is to relieve as much as possible the parents' pressure on the child. Parents are told that thumb-sucking may be a result of deeper causes, but it also may be that this particular child has basically more need for oral expression than most children do. Questions about past efforts to break the habit are in order here. Parents are then admonished to cau-



Figure 1

Popsicle stick and Scotch tape as a reminder on a finger for breaking thumb-sucking habit

tion all members of the immediate family to make no mention or take any sort of notice of the habit. Sometimes children are continuing the habit only because of the control they may have over the parent. It can also be pointed out to the parent that it is difficult for the child to be very concerned about parental instructions about breaking a habit as the child knows that he is already accepted by the parent and the request to break the habit cannot be too important.

By mentioning the psychological background of the thumb-sucking and by indicating that it is not easily possible to superficially differentiate between the emotionally disturbed child and the child that simply has a greater appetite for the thumb or finger, the parent, who through the literature or through friends has begun to feel relieved and actually loses much of the motivation for placing pressure on the child to stop the habit. At the same time, the foot is in the door for the eventual referral to the psychiatrist, if needed.

Sometimes the careful explanation of thumb-sucking's effect on the teeth is enough to stop the habit immediately. Usually, however, an appliance to be placed on the offending digit is also suggested as a reminder. This consists of half of a narrow blade or popsicle stick strapped to the finger with scotch tape, Figure #1. (not adhesive tape). The pa-

tient is shown that he can easily remove it. He is told to ask his mother to help him put it on. He is also cautioned that he must keep it on to make it work. Starr²⁸, indicates the need for bringing the patient into more active relationship with peers to take his mind off himself. The patient is then seen again in two weeks to a month. The parent is warned that the habit will be broken immediately if the appliance works.

Most of the thumb-sucking is not stopped this way, but the procedure conditions the patient to working with the dentist and emphasizes the importance of the appliance to come.

As with the tongue blade, the main purpose behind the appliance to be used is that of a reminder. Its shape, therefore, is not critical as long as it thoroughly interferes with the sucking rhythm. If suction is broken, so much the better however.

For breaking thumb or finger-sucking only, as Jolly²⁹ has stated, the soldered cemented lingual wire with attached crib is preferred. The appliance acts largely as a reminder and thus may have many forms. Basically, it involves the banding of either the upper second primary molars or first permanent molars. These bands should be well fitted and strong. Once fitted, an impression is taken, from which a model is made with the bands in place. A .040 wire is fitted in a smooth curve at least as far forward as the canines. This

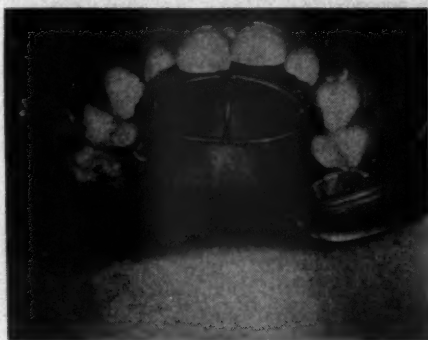


Figure 2

Palatal crib for breaking thumb-sucking habit

wire should touch or nearly touch the teeth at the lingual gingival crevasse. It is then soldered to the two bands. Attached at the canine region a half-circle loop of .032 wire drops down into the mouth. Bars of .025 or .028 wire can be run from the lingual wire to the loop to give added strength. Figure #2. It is then polished, cemented, and left in place for about six months.

The lingual wire does not need to touch the upper incisors but it can. Many men feel that the upper teeth will move more rapidly if the wire is not touching them. However, the teeth will move whether the wire is touching them or not. The improvement in the case continues long after the appliance has been removed.

The wire and band material can be either precious metal or stainless steel.

If steel is used, the solder should be 14k gold solder. The key to its use is a high quality stainless steel flux which cleans the steel and allows it to work like precious metal. The gold solder is preferred as there is little breakdown in the mouth between the solder and the steel.

The shape of the appliance varies. Sometimes there are accompanying tongue-sucking habits for which more of a wire basket is made. I prefer this type, for the simple thumb or finger habit, as it gives the tongue a chance to make the dental speech sounds with little interference. However, the habit breaker may be made with only a simple lingual wire standing away from the mid-line of the palate enough to break the suction.

The appliance is left cemented about

(Continued on page 32)

Regular Monthly Meeting of the Chicago Dental Society

Conrad Hilton Hotel

October 15, 1957

The meeting was called to order at 8:00 P.M. by President Walter E. Dundon.

A motion was made and seconded to dispense with the reading of the Minutes of the May meeting. Motion carried.

The President then entertained a motion to approve the minutes of May meeting as published in the FORTNIGHTLY REVIEW. Motion seconded and carried.

Reports of Boards and Standing Committees were asked for. There were none.

Reports of Special Committees. None.

There was no unfinished business and no new business to be brought before the body.

The President then called on Dr. Walter Kelly, Chairman of the Monthly Program Committee. Dr. Kelly announced the program for the November meeting on the 19th. The topic, "Full Dentures" by Dr. A. H. Grunewald of

Northwestern University Dental School, will be followed by Table Clinics, to augment the lecture.

Dr. Kelly then introduced Dr. Graham Davies who, in turn, introduced the speaker of the evening, Dr. Henry B. Clark, of the University of Minnesota, School of Dentistry, Chairman of the Department of Oral Surgery.

Dr. Clark gave a very clear, informative and interesting presentation on surgical procedures that confront the general practitioner. His talk was illustrated by graphic slides followed by a colored motion picture of an open surgical reduction of a fractured mandible. Dr. Clark was given a standing ovation, at the conclusion, by a very appreciative audience.

Meeting adjourned at 10:00 P.M.

Respectfully submitted,

Ernest Goldhorn, *Secretary*

NEWS OF THE BRANCHES

Englewood

Under the able direction of President John Seaborg and Program Chairman Al Jason, the regular monthly meetings at Englewood have attracted a large following. There are still a few folding chairs available, however, and we urge all to attend and enjoy the excellent programs. . . . A yearly "must" for all Englewood members and friends is "Old Timer's Night." This occasion is always a guarantee of an evening of good fellowship, good food, and good entertainment. The date this year is Tuesday, December 10th. If you have trouble obtaining a ticket just call Don Reynolds at HI 5-2661, and he will see that you get one (after he gets your check). . . . The hunters are on the prowl again. Al Tanis is off after pheasant. Someone else was after duck; I think it was Hilton. Maybe it was somebody else. Forget the whole thing. . . . It is a fact, however, that Borgerding has headed for Canada complete with deer-stalking hat and moose-call. The Beverly gang are waiting in anticipation of a venison luncheon. Louie Christopher predicts that the menu will include either venison or roast guide with wild rice. . . . Ted Malmberg recently moved into a new home. . . . Jim Nowlan's son was married last week. He is in the Army, stationed in Virginia. . . . It's a triple play at 95th and Hamilton; not Tinker to Evers to Chance, but Quinn to Christopher to grocery store. Emmett Quinn takes over Christopher's space while Louie moves around the corner to a store on 95th street. . . . The following Englewood members have been appointed to the newly reorganized staff of the Michael Reese Hospital Dental Clinic: Mel Meilach, Seymour Miller, Jack Stillerman, Lew Weil. They attended a staff dinner at the Standard Club at which the Director and President of the medical staff were present.—*Kenneth P. Sharpe, Assistant Branch Correspondent.*

West Side

Indian summer has arrived and not without incident. (Snow already). However, it has ushered in our regular branch meetings for this year. Our West Side Branch is looking forward to a most successful year. We have Harold Epstein for our president (he has already turned in a swell job of keeping everyone on their toes and taking measures to get the job done), and many fine gentlemen who for many years have so generously given their advice, experience and personnel efforts to keep our branch a sound and effective member of the Chicago Dental Society. With such a fine start (the annual Clinic Day) behind us, Program Chairman Lou Holzman has assured our future meetings by lining up several fine speakers on the most interesting subjects of the times. Lou assures us that our speakers will be most interesting and informative. For the benefit of all, our regular meetings are on the second Tuesday of the month and are held at the Midwest Athletic Club. Because this is the beginning of our new season it is a good time to look ahead and plan for all the meetings. Dinner tickets are available and can be had by consulting Leo Cahill or John Reilly. . . . In the future, it would be likely that our speaker and subject of our program will be submitted and will be published in the calendar of this FORTNIGHTLY REVIEW. . . . Sam Kleiman is doing well these days and is getting along fine since his illness. . . . Fred Bazola, Walter Kelly, Dan Laskin, Irwin Robinson and many others were in Miami for the convention. . . . Frank Bezkostny has just returned from California and had a fine visit with a new grandson. . . . Jim Dillon has sprouted out with a beautiful gold (Goddess Gold) Cadillac. It's a beautiful two-door hardtop. . . . Al Levin has a new office on the northwest side. . . . Walter Zipprich, John Reilly and Leo Cahill are still at it. They

tipped one of the little boys for carrying their clubs. The boy was ever so grateful and promised these gentlemen that if they'd come back and dig again he'd be glad to carry their funny shovels.—*Andrew J. Kelleher, Branch Correspondent.*

Kenwood-Hyde Park

Henry Leib, our Correspondent-in-Chief, decided at the last minute to attend the A.D.A. Meeting in Miami and very diplomatically delegated this column to me. Henry must be a diplomat because he made the Florida trip alone. . . . Clarence Davies was laid up for a bit with an injured back and arm, but Clarence is on the mend now and feeling much better. . . . Willard Johnson had to get up before breakfast to attend a dental health survey in Waukegan. After December 1st, Willard will hang his handpiece at 8500 Cottage Grove Avenue. . . . John McBride claims the first Instrumatic panel injury. John says the thing bit him and wonders if they give shots for this sort of thing??? . . . Ed Giles just finished a very successful year as president of the Hyde Park Kiwanis. Congratulations, Ed. . . . Joe Goodman decided to just hang his storm-windows and forget the painting for this year because he heard a rumor that a new storm sewer was going in on his street. . . . Joe Wiener is very busy these days planning his trip to Europe. After the ocean voyage Joe is going to bum around in Spain. . . . Jean Jacobi had to store his boat up here so he went down to Florida to take in the meeting and get in that last bit of water skiing. . . . After Thanksgiving, yours truly will spend full time in Clarendon Hills. . . . Are you puzzled about the latest developments in high speed??? There is no need to be. On December 3rd, the Academy of Dental Research will present a panel on the New Developments and Refinements in High Speed. This promises to be a very interesting and informative meeting. Give Speedy Ascher Jacobs a call at PL 2-5322 and make a dinner reservation.

(Continued on page 25)

News Items

STATE OF ISRAEL BONDS DINNER

The State of Israel Bonds Dinner honoring Dr. Maury Massler, professor and head of the Department of Pedodontics at the University of Illinois Dental College, and welcoming home the delegation that attended the International Dental Congress in Israel and Rome, will be held on the evening of November 20th at the Edgewater Beach Hotel, immediately following the North Side Branch Clinic Day.

Dr. Isaac Schour, dean of the University of Illinois Dental College, will be chairman of the dinner. Those desiring to attend may communicate with Dr. Bernard Spiro, Chairman, 55 E. Washington St., or Drs. Martin Unterman, Fred Weitz, Elmer Imber, Co-Chairmen.

CHICAGO ACADEMY OF DENTAL PSYCHOSOMATICS

On November 27, the Chicago Academy of Psychosomatics will sponsor a one-day workshop—"How Hypnosis Can Help You in Dentistry." It will take place at the Belden Stratford Hotel on Lincoln Park West and is open to all members of the Chicago Dental Society.—*B. S. Margolis, Secretary.*

ALPHA OMEGA CLINIC DAY SUCCESS

A large and enthusiastic audience demonstrated the good choice made by the Program Committee of the Alpha Omega Dental Fraternity at its Annual Clinic Day held October 16th at the University of Illinois Dental School, when it presented the very latest in high speed equipment and provided for a lucid and interesting exposition of its use by Dr. John W. Borden of Washington highly-qualified by research and expe-

(Continued on page 29)

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DENTAL ASSISTANT—... "efficient, capable, hard-working, have never seen a girl with more initiative, can adapt to almost anything—recommend her highly." This excerpt was taken from the reference given us by Doctor who employed this 26-year-old for 4 years. Her skills include—taking, developing, and mounting radiographs; chairside assisting; investing and casting inlays; pouring of models—plus the knowledge of the Professional Budget Plan. This very personable woman has also completed 2 years of Nurses' training. For information on this applicant and many others, call AN^dover 3-0145, **GARLAND MEDICAL PLACEMENT**, 25 E. Washington St.

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NOW HEAR THIS!

(Continued from page 5)

Field's heavy schedule, so, far in advance many phone calls and appointments with the head of the Fashion Show division are all part of the planning. After Field's presence at the party is definitely established, the members of the committee must meet to decide on a satisfactory menu, one that will be attractive to the ladies and last, but far from least, for their figures, a menu low in calories! This, also, is not the easiest part of the planning, but finally a wonderful, yet surprising, menu is chosen. You ladies must come and see what the members of the Committee have chosen for you this year.

In order that the ladies may feel more relaxed and get better acquainted before luncheon begins this year, the Committee will have hostesses posted throughout the Ballroom to direct the guests to their respective tables more quickly and easily. You'll recognize the hostesses by the flowers they'll be wearing. Be sure to take advantage of their vast amount of knowledge of the why and wherefore of everything inside the Conrad Hilton Hotel.

The Ladies' Luncheon and Fashion Show, while it is the main task of the Committee, is not the only reason for its existence. The Committee is trying more and more each year to fill in the time of the visiting ladies to our fair city. This year your Committee is trying to initiate a new plan. They would like to distribute printed matter to the visiting ladies as they register. The pamphlets would sug-

gest points of interest in Chicago, and the current events during that week. Too many times has a lady visitor to our Midwinter Meeting been at a loss for want of something to do while her friends are occupied elsewhere. This fate is in the process of being eliminated by the Committee. They try in every way to take the visitors under their care and see to it that they really enjoy their short visit in Chicago. They try to make it interesting so that the ladies will be encouraged to return each year because it is fun to come, and not just another boring meeting. The Committee would like to make the Conrad Hilton as familiar to them as possible. The eager help of the Committee will be available to any lady visitor at any time during the Meeting—just call at their table and inquire.

The year 1958 will see the work of the present committee: Mrs. Howard J. Harvey, Mrs. W. Clinton Fisher, Mrs. Olan B. Kibler and Mrs. S. A. Shiret. The Committee has its work cut out for it, and only with the kind consideration of the members of the Society and the unfailing cooperation of the staff in the Society office, can anything be accomplished. The Committee members are looking forward to a large turnout in the Grand Ballroom of the Conrad Hilton on February 4th, at 12 o'clock noon. Don't disappoint them!

Mrs. Harvey, I thank you. We need to be reminded now and then just how important you ladies are to all of us, and we wish you the best of luck with your party.

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" . . . This book is recommended most highly to the general practitioner, the specialist and the dental student". (From the Book Review by Stanley D. Tylman, D.D.S., Professor, College of Dentistry, University of Illinois, in the October 15th issue of The Fortnightly Review.)

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NEWS OF THE BRANCHES

(Continued from page 18)

Ascher bit a flu bug but he got it anyway. You can't keep a good dinner chairman down and Ascher will be on the job on December 3rd. Happy Thanksgiving.—*Howard J. Harvey, Assistant Branch Correspondent.*

Northwest Side

What with Jim Guerrero covering the A.D.A. Convention in Miami—that's what he said—I was given the dubious honor of covering the branch beat, and I had forgotten how hard it is to extract news from usually loquacious dentists. If you have any news item, a call to Jim will make his job a great deal easier. And now to the news. . . . Viggo Sorensen is proving to be an excellent clinician at the branch post-meeting program—new students always welcome. . . . Tom Wright and Mark Spencer drove out to Iowa to help Tommy's mother celebrate her 87th birthday. . . . Clarence Brandt is vacationing in Hot Springs. . . . And talking about hot, George Birch had the misfortune to be burglarized twice during the last month, several thousand dollars of dental equipment and instruments were stolen. . . . On the brighter side though is the birth of a boy to George's new associate, Andre Longo, who has joined George after a tour of duty with the Air Force. . . . Also heard that Al Roina was burglarized—boy, that

north Central avenue area must be good pickings. . . . Sam Cascio and John Carin-gella are conventioning in Miami, or did the wives stay home? . . . Rudy Basile and George Birch (half the column I'm going to call him) are now residents of Park Ridge. . . . Ed Niemiec has moved to Des Plaines—home that is. . . . Jim McParland had a serious bout with infectious hepatitis but is now recovering and getting back to work. . . . Hop-a-long Chase (Ted) had his horse run away before he got aboard and is now an expert in treatment of equine scratches and bruises. . . . Five of our branch members are among the many working on the Loyola 75th Homecoming—Gerson M. Gould, secretary; Ted Chase, banquet; Ted Krynski, cocktail hour; Ted Restarski, local arrangements; and Joe Cantafio, co-chairman of the banquet committee. . . . And that is all the news that I could excavate. See you in two weeks.—*Lee Schwartz, Assistant Branch Correspondent.*

North Side

Just a few days 'til the North Side Clinic Day at the Edgewater Beach Hotel this coming Wednesday from 8 a.m. to 6 p.m. Commercial exhibits (some that appear nowhere except for the N.S.), table clinics, limited attendance clinics and a program prepared by your committee that excels, as far as branch clinics are concerned, are in store for all attending. Dr. Melvin Page, nationally-known

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for his presentations, and Dr. Richard Wulff on Economics are alone worth your attendance. I sincerely urge all who read this column to do their utmost to be present on this occasion. . . . The long association of Orrin Baumgarth with automobile racing has been rewarded by his election to the presidency of the National Timing Association. This group, on the local level, have constructed and are operating U. S. 30 Dragway which is a 4000-foot strip located 3 miles east of Indiana 53 and U. S. Lincoln Highway 30. . . . Don J. Heffner is still flying about in his plane. Says there's nothing like operating your own flying-machine and getting there fastest with the mostest. And to think that to this day I can't ride a two-wheel bike without falling. . . . Martin Unterman is confined at the Edgewater Hospital with hepatitis—guests and cards are welcome. . . . Maury Altus is not faring too well with his cardiac condition. As of this writing, no visitors are allowed. He's at the Weiss Memorial and the sending of notes and cards of encouragement are the least we, his friends, can do. . . . To those D.D.S.s whose greatest source of activity outside the office are the antics on TV—Pat just insisted I read the Dr. Van Dellen's column "How to Keep Well" in the today's (Oct. 27th) *Trib* entitled "Ike's Golf Therapy." Please, for your own sake, read it. It really concerns all of us and the C.D.S. could do well by sending a reprint to each of its members. . . . Personal—Jerry, the notation as to your September European trip was misplaced by my assistant and no amount of search has uncovered it. We really appreciated your call—will you please do so once again? . . . Dan Nechtow assisted his brother Michael, M.D., in the performance of an emergency Caesarean. . . . Jack Langer just celebrated his 24th wedding anniversary. Congratulations, Dr. and Mrs. Jack—the first 24 are said to be among the most difficult years of the wedded. . . . Abe Gordon was one of our boys who presented a paper at the meeting in Rome. His European jaunt consumed one-month and Abe, who is an auto racing

enthusiast, took a week's course in this sport from some experts in Monza, Italy. Incidentally, he is getting to be quite a clinician, too, as he was scheduled to present his discourse on Dental Reconstruction at the November ADA meeting in Florida and the Greater N. Y. meeting on December 8th. . . . 11th Anniversary Party committee has been set up for the Uptown Dental Forum. After the 3 riotous days at Oakton Manor attended by over 110 persons the past party last April, 'tis rumored that Las Vegas is being given consideration for this one. . . . Dorothy Gordon and her charming daughters had in the recent past received Asiatic flu shots—Joe, the breadwinner, did not. Dot and the girls are now bed-ridden with the disease while Joe is still at work as spry as ever. . . . I. S. Shapiro, our amiable Secretary, is making a trip West to California around the Christmas season period to visit his two grandchildren and their respective families. . . . Jules Hazelkorn's 8-yr.-old son was hit by a hit-and-runner. We are happy to report that Junior is now fine, but Jules states that there's no sense getting struck by a car when there's no one to sue. . . . Like humans, no organization is infallible to error or liked by everyone. However, the North Side can well be proud of its accomplishments during the past few years in spite of the opposition, much unwarranted, with which it has had to contend. The Board has asked me to express its gratitude to you and its friends who have so ably assisted in the success of the branch. Thanks! At its last meeting, the North Side Board plus the Committee Chairmen present unanimously voted a N.S. Award of \$100 to each of the three dental schools in this area to be presented to that student—regardless of color, creed, grade or position in class—who is the most deserving in the estimation of the respective deans of the schools concerned. . . . Paul Brown, Alfred Kamin and Albert Spiro, under the co-chairmanship of Bernard Spiro and Martin Unter- man (all North Side members) are part of the committee which is planning a dinner under the auspices of the Israel Bond

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Drive honoring Prof. Maury Massler on November 20th following the N.S. Clinic Day at the Edgewater Beach Hotel. Cocktails at 5:00; dinner at 6:00.—*Henry H. Parkin, Branch Correspondent.*

West Suburban

Greetings to all who may chance to read these lines, from an alumnus of the Editorial Staff. Some years ago, 17 to be exact, I too was the Correspondent for the Branch News. The difference then was that the deadline was *once* a week. But the practice of dentistry is like "Sputnik"—it goes 'round and 'round. I used to dream in those days of retiring, or having a limited practice and not having to write a column. But, alas, here I am again right back where I left off. In those good old days, the Round Table met weekly and Dr. Dave Adams sat at the head table. Luncheon was 60c. Fillings in those days were \$2.00 and \$5.00; extractions, \$3.00; full mouth x-rays, \$3.00; "cleaning," \$3.00; and dentures, \$35.00. A jacket crown was \$25.00. You younger readers may be surprised, but rent for an office then was \$35.00 a month. The dollar was worth more than 47c and income taxes left a little more to put in the bank. . . . It has been said that the best thing to save for your old age is *yourself*. Many of our members are doing just that. Paul Kilgore of Downers Grove reports "taking the bite" in Minnesota (fish, that is); Fred Hawkins and John Manning were quail hunting down in Indiana. Howard Marley is out for ducks.

. . . Dick Anderson went down to Iowa to inspect the "tall corn." . . . LeRoy Sanden of Hinsdale was on the 40-yard line of a football game in Lansing, Michigan. . . . Some of our members went to the sunny Southland—Miami, Fla. One is your correspondent, John Silberhorn. Be sure to return in time for the next issue, John. . . . Sylvester Cotter of La-Grange was there ahead of him to attend the meeting of the American Society of Oral Surgeons. . . . Ed J. Budill met with Drs. Silberhorn and Cotter on the 5th. . . . Frank Biedka is devoting his spare time to his new home in Windsor Gardens. . . . John Theodorou, Bill Kechn, Syl Metcalf and Wayne Dunnom feel that functional analysis and hinge axis are the basis of good modern dentistry, so they are taking a course in Occlusion and Equilibration under the direction of Dr. Arne Lauritzen. An interesting subject; hope you will pass on some of your findings to the rest of us. . . . Jack Opdahl is taking a postgraduate course in Operative Dentistry in Ann Arbor, Michigan. . . . Our friend, Robert Pollock, President-elect of the State Society, is already on the job serving the Society. He is conducting a survey of fees, which is indeed a most timely matter and well worthy of most careful consideration—especially if you are in the market for any one of the new '58 model cars. They are to be wider, lower, more powerful, and HIGHER (in price). Bob is also President of Loyola Alumni Ass'n. and is already making preparations for the 75th annual Homecoming in April.



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... Another member who is interested in public affairs is Les Butler of La-Grange. He has been appointed representative of the C.D.S. as a member of the Dupage County Health Council. ... Our sympathy to T. A. Fitzpatrick of Wheaton, whose mother passed away in Iowa. ... Mrs. William Haller has been ill. Meanwhile the Doctor is busy remodeling a combination home and office. ... Arthur Lassman of Geneva reports his son injured in an auto accident. ... Bernard Meehan is back in his office after a recent fire. ... Nancy, the charming daughter of Martin Norpell of Downers Grove, has recently become a Pat Stevens' model. This is a loss to the dental assistants.—*F. G. Robeson, Assistant Branch Correspondent.*

Applicants for Membership

BURTON, WILLIAM (Loyola 1919) Kenwood-Hyde Park, 6252 South Park Ave. Endorsed by Samuel L. Goldstein and Harry R. Paule.

QUINN, THOMAS J. (Loyola 1956) North Suburban, Great Lakes. Endorsed by Ellidore D. Patnaude and Jerry F. Nolan.

RUBYS, ALICIJA H. (Iowa 1957) Englewood, 2454 W. 71st St. Endorsed by Teofile Jurkunas and Ona Prunskis.

SMEDAL, DAVID OLAF (N.U.D.S. 1957) North Side, 311 E. Chicago Ave. Endorsed by Kenneth F. Schmitt and Eugene Bodmer.

TURKUNAS, MARIJA (Loyola 1956) Englewood, 4255 W. 63rd St. Endorsed by Thomas W. Russell and Teofile Jurkunas.

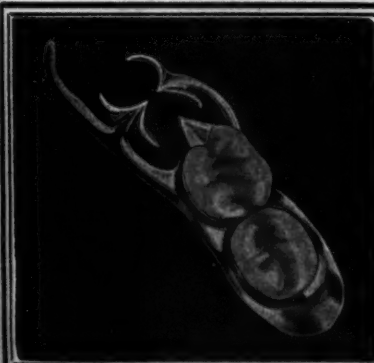
NEWS ITEMS

(Continued from page 18)

rience in the use of the air-rotated turbine handpiece. A formal program in the morning was augmented by an afternoon of actual work with demonstration handpieces.

Dr. George W. Teuscher, Dean of the Northwestern University Dental School and President-elect of the Chicago Dental Society, spoke at the noon luncheon for the fraternity and its guests held in the Union Building on the campus. Introduced by Dr. Fred Weitz, President, Dr. Teuscher praised the group for their consistently constructive effort to keep abreast of dental knowledge. He said that the postgraduate continuation of the acquisition of knowledge and skill is a must for the truly professional individual—"if we have the right to learn part we have the obligation to continue learning." Dr. Teuscher also pointed out that no teacher has "taught" a thing until a student has "learned" something—without the acquisition of knowledge by the student the best teaching is a mere exercise. He said that of all the professions dentistry prepares its graduates most completely for serving humanity immediately upon leaving school—thus dental teaching has the greatest opportunity, and responsibility, for providing the best in learning and teaching techniques.

The penalty good men pay for indifference to public affairs, is to be ruled by evil men.—PLATO.



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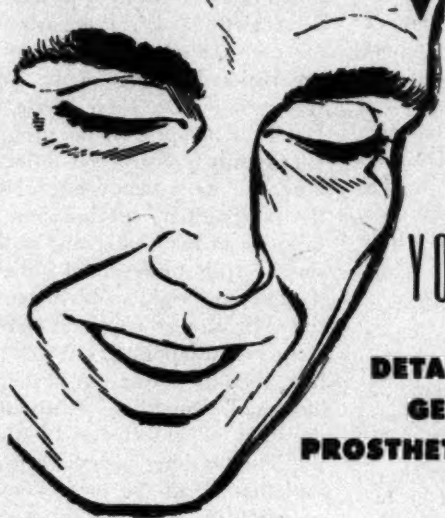
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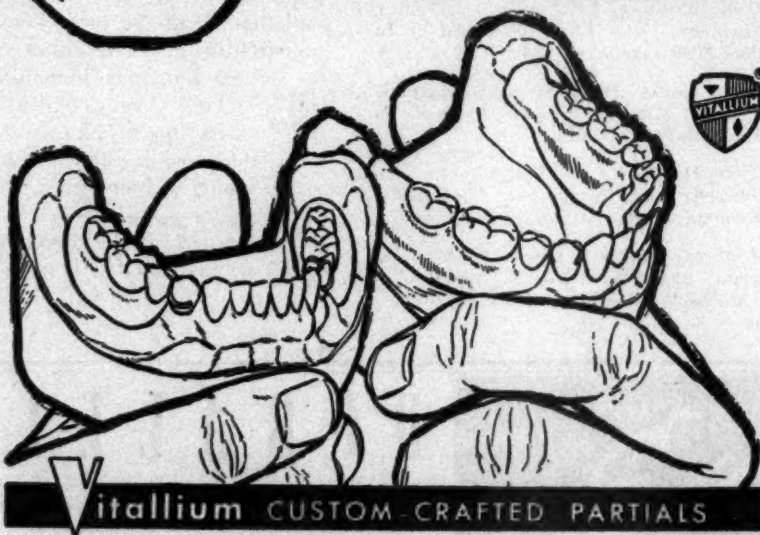
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THUMB-SUCKING AND ITS CONTROL

(Continued from page 16)

six months because there is a tendency for recurrence in periods of illness during this time.

Spurs are not used to break the thumb-sucking habit. The use of spurs on a lingual wire or on anterior bands does not appear justified as the appliance becomes more than a reminder, it becomes an irritant.

The appliance thus becomes a test mechanism for determining the psychological importance of the habit. If it is not stopped the patient should see a psychiatrist. In some cases the parent will make the suggestion themselves. However, even with the careful preparations made, it is not always possible to culminate the referral. It may be wise simply to suggest waiting for six months when it seems very doubtful that the patient would be taken to a psychiatrist.

In most cases a positive referral may be made along with some discussion of how psychiatry works. This can be explained simply as follows: psychiatry works by causing the patient to relive some of his emotional experiences by telling them to someone else. In the process, the patient begins to view his emotions and thoughts as others see them. Through counseling he learns that his reactions and emotions are really no different from his peers and he soon conceives himself as a normal person.

One approach that has helped greatly in referrals is to recognize the concern the parent has about the child and to suggest that the psychiatrist could help greatly to relieve this concern if he were to check the child. This does not carry the implication that anything is necessarily wrong and it tends to open the way for a psychiatric examination.

If after psychiatric treatment, the habit still remains, another crib will do the job; this time on a far happier and better adjusted patient.

In conclusion, accepting that thumb-sucking is very likely a symptom of a psychological problem at some time during the child's life, it may nevertheless be treated dentally with an appliance, a crib. The ease with which it can be broken will test in part the remaining psychological importance of the habit to the child. Most thumb-sucking will stop. Where it does not, the child should be referred to a psychiatrist.

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